

Information Communication for Child Development Service

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INTRODUCTION

Integrated Child Development Services (ICDS) is a comprehensive package of services for early childhood care and development, targeted to the poorest areas of the country. The government of India launched the most important, multi-faceted ICDS scheme in 1975 with the main aim of providing integrated pre-school education and nutrition for children (infants up to six years of age), nutrition and health education for women in the age group of 15-45 years. Through this scheme, women and children living below the poverty line scattered in various parts of the country were to be integrated through a common program aiming towards improved nutrition and health.

ICDS has been India's chief vehicle for improving the prospects for the healthy, physical, psychological and social growth of its children. The scheme, which was launched with 33 projects in 1975, increased to 2,907 projects by 1995 and to 5,652 projects by 2002.

The concept of reaching the most "unreached," the most vulnerable in society is the underlying philosophy of ICDS. Addressing the interrelated needs of young children, adolescent girls and women of disadvantaged community groups, ICDS is the only program which holistically addresses health, nutrition and development needs of young children, adolescent girls, pregnant women, and nursing mothers across the life cycle. It has emerged as the most effective program for breaking an inter-generational cycle of gender disparity by intervening as early as possible, to promote survival, growth and development, protection and participation of the yet to be born female child and adolescent girls. ICDS offers equal opportunities for early care, nutrition, health, and development to young female children, leading to enhanced active earning capacity and better school retention.

The focus on quality improvement includes a clear priority for addressing the more crucial prenatal, (children below three years of age) promotion of child survival, growth and development, an emphasis on decentralization and a focus on family/community-based interventions and communications for changing child care behav-

ior patterns. The ultimate aim of the ICDS program is to reduce Infant Mortality Rate and Maternal Mortality Rate.

Efficiency in the delivery of ICDS services is the key to the success of the program. The major components of ICDS include:

- a. Supplementary nutrition;
- b. Pre-school education;
- c. Immunization;
- d. Health check up;
- e. Referral services; and
- f. Nutrition and health education.

The basic unit of the ICDS system is the network of Anganwadi Centres (AWCs). These centres are the focal points of delivery of all basic services to women and children in the rural and urban poverty areas.

These AWCs are run by village volunteers, called Anganwadi workers (AWWs) and Anganwadi Helpers (AWH). Supervisors monitor the performance of these AWWs and AWHs. Each supervisor is generally assigned 17-25 AWCs depending on the total number of AWCs in the taluk and number of supervisors posted to that taluk. Each state is divided into several revenue districts. Each district is again classified into smaller revenue divisions called taluks. About 18 to 25 centers constitute a sector or a circle. Each supervisor would be in charge of one or two circles/sectors. These supervisors are to report their activities to Child Development Project Officers (CDPOs) who are the implementing authorities at the taluk level. CDPOs are in charge of all the AWCs in the taluk. CDPOs report to Deputy Director, Department of Women and Child Development (DWCD), which is the implementing authority at the District level. Deputy Directors, DWCD of the districts work under the instructions of a Joint Director and Director at the Head Office located in the state capital, Bangalore.

The article is an attempt to assess the existing status of information communication and technology in DWCD in general and ICDS in particular and suggest measures for improvement. The article is based on an empirical

study undertaken by the authors related to child development services in Karnataka¹. In the process of the study many distortions in communications, cases of delayed communications and missed information were observed. The very objectives of the scheme were not accurately communicated down the hierarchy and to the community, which the author feels is a stumbling block in the successful implementation of ICDS.

LITERATURE REVIEW

Various research efforts have contributed to an insight into the underpinnings of the program and helped in identifying bottlenecks/lacuna in the implementation of the schemes, poor delivery of services, inadequate supervision, poor community participation and limited role of ICDS supervisory staff. Studies by CHETANA (1989), Coonar and Mohan (1985), Phillips and Kurien (1986),

Nutrition Foundation of India (1988) and National Institute for Public Cooperation and Child Development (NIPCCD, 1988) identified constraint in mobilizing a community for active participation as the main lacuna of ICDS functionaries (especially AWWs). An evaluation of early childhood care and development by UNICEF revealed that early childhood care and education was an important program for retention in primary school. The UNICEF study team suggested the linkage of early childhood care and education with ICDS.

The NIPCCD (1992) study considered a sample of 100 ICDS projects covering 98 districts in 25 states and one Union Territory. The sample included 54 rural centres, 18 urban centres and 28 tribal centres. Using a multi-stage random sampling technique for selecting AWCs, interview and observation methods were used for collecting information pertaining to delivery of services at AWCs. NCAER⁸ for its All India Study considered 4,000 operational blocks, spread over 32 states and Union Territories. For the Karnataka Study, NCAER considered 10% of total AWCs in the state. A census of all operational blocks was conducted. Followed by this, one circle from each block (under one supervisor) was considered, thus selecting 15 AWCs and three beneficiary households per AWC.

Social Assessment Study of Bundelkhand considered three districts, while that of Eastern Uttar Pradesh considered six districts. For both of the studies, two villages each in two blocks of each district were considered. Major methods used in these studies included informal surveys, participatory techniques (social mapping, wealth ranking, venn diagrams) and formal surveys. A two-day joint orientation-cum-planning workshop for resource persons and ICDS functionaries was conducted prior to the fieldwork.

The Indian Institute of Rural Management, with the aim of obtaining World Bank assistance, conducted the Knowledge Attitude and Practice Study in three ICDS covered districts and one district not covered by ICDS. The study adopted multi-method approach involving Participatory Rural Appraisal techniques, focus group discussions, structured personal interview schedules and observation of AWCs.

All these studies have mainly suggested:

- a. Upgrading of AWW's skill through continuing in-service training.
- b. Strengthening inter- and intra-departmental (sectoral) coordination.
- c. Mobilizing community support and participation
- d. Upgrading physical infrastructural facilities at AWCs.
- e. Strengthening the capabilities of grassroots functionaries through a new approach of continuing training. This training needs to be designed to strengthen the services of the ICDS package and improve its quality.

ONGOING STUDY

Social assessment is developed as a tool for project planners to understand how it will affect and is affected by development intervention. It is a device to identify key stakeholders and establishes an appropriate framework for participation in project selection, design, implementation, monitoring and evaluation. The Karnataka Pilot Project started with 100 AWCs. Now it has AWCs in all revenue taluks and 10 urban areas (185 projects with 40,301 centres).

Methodology

The study is being conducted in four districts of Karnataka (one in each revenue division). Two projects in each of these four districts were selected for the study. Of the 8 projects, one was a tribal project, another an urban project, while the other six are in rural areas. 30 AWCs were considered in each of the projects.

Some aspects/issues which affect the functioning of AWCs and performance of AWWs have been revealed during the visits to the AWCs and an interaction with AWWs, AWHs supervisors, Child Development Project Officer (CDPOs), Program Officers (Pos) and Deputy Directors of the Department (DDD). These include, lack of basic infrastructural facilities, lack of coordination (within the department and between departments), political pressures, problems of communication and little/no active community participation.

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